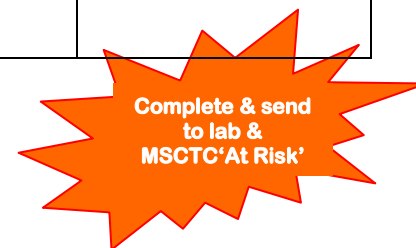




MANCHESTER 'AT RISK' PREGNANCY ALERT FORM

Maternal Surname		First Name		DOB	NHS No	Hb'pathy screen result	Place of test	Date
				/ /				/ /
Paternal Surname		First Name		DOB	NHS No	Hb'pathy screen result	Place of test	Date
				/ /				/ /
Maternal Address including Post code					Tel No (home)		Tel No (mobile)	
GP		GP Address			GP Tel No			Named Obstetrician
Gravida/Parity	EDD	Gestation	Maternity Unit	Referrer's Name		Referrer's Tel No		Date of referral
	/ /							/ /
Hb'pathy Counsellor accepting referral				Want to consider PND in this pregnancy? Y/N				
Other relevant information/comments, language problems, previous affected family member, late booker, social problems (lone worker issues)							NNS Lab notified (date)	
For MSCTC Use				Newborn Report				
RECORD FOUND:		Baby's Name	M/F	Baby's DOB	Baby's NHS No	Baby's Address		
Gestational Age at Delivery	Date of Test	Hb Pattern				Staff Allocation		Date:



NB. Please complete the form and return a copy to the Manchester Sickle Cell & Thalassaemia Centre: 352, Oxford Road Manchester M13 9NL
Email address: mft.ManchesterSickleCell@nhs.net
And the Newborn Screening Laboratory, 6th Floor Genetic Medicine, St Mary's Hospital, Oxford Road, Manchester, M13 9WL. Fax number: 0161 701 2264.
Email Address mft.nbsl@nhs.net Please ensure that full details (above) are completed and document if the couple declines counselling or PND